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Aug 18, 2006 8:00 am
Secretary of State

07-25-2006 90085 011 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000034502

1. Entity Name
CASICA THE SPECIALTIES, LLC

Principal Place of Business	Mailing Address
15649 S.W. 88 STREET MIAMI, FL 33196	15649 S.W. 88 STREET MIAMI, FL 33196

2. Principal Place of Business	3. Mailing Address
14231 JetPort Loop	14231 JetPort Loop
Suite, Apt. #, etc. # 101	Suite, Apt. #, etc. # 101
City & State Ft. Myers Florida	City & State Ft. Myers Florida
Zip 33913 Country U.S.A	Zip 33913 Country U.S.A.

07212006 Chg-LLC CR2E083 (11/05)

4. FEI Number — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MONTELL, JOSE A
8000 N.W. 31 STREET, #4
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name: JOSE A. MONTELL

Street Address (P.O. Box Number is Not Acceptable)

14231 JetPort Loop #101

City: Ft Myers FL Zip Code: 33913

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MONTELL, JOSE A 15649 S.W. 88 STREET MIAMI, FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RIVAS, IRENE 15649 S.W. 88 STREET MIAMI, FL 33196	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WOJCIKIEWICZ, MAURO 15649 S.W. 88 STREET MIAMI, FL 33196	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X _____ 07/21/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #